1.0 Description of the Procedure

Blepharoplasty/blepharoptosis eyelid repair is reconstructive plastic surgery of the eyelids. The goal of reconstructive surgery is to restore function to the eye structure.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at http://www.dhhs.state.nc.us/dma/prov.htm.

3.0 When the Procedure is Covered

Blepharoplasty/blepharoptosis eyelid repair is covered when the following medical necessity criteria are met:

1. Ptosis obstructs vision to less than 30 degrees on the vertical meridian, **OR**
2. The recipient has exposure keratitis.

Eyelid repair for any other medical reason will be considered on a case-by-case basis.

4.0 When the Procedure is Not Covered

Blepharoplasty/blepharoptosis eyelid repair is not covered when the medical criteria listed in **Section 3.0** are not met. Blepharoplasty/blepharoptosis eyelid repair performed solely for cosmetic reasons is not covered.

5.0 Requirements for and Limitations on Coverage

Prior approval is required. The following information must be submitted with the prior approval request:

- Medical documentation that the eyelid ptosis obstructs vision. Visual field examination results must be submitted, unless the recipient is a child that is unable to test, **OR**
- Medical documentation that the recipient has exposure keratitis of the lower eyelid, **OR**
- Medical documentation to substantiate medical necessity when this surgery is contemplated. This must indicate the recipient's complaints, which justify the functional reason for the surgery. This may include: interference with vision or visual fields; difficulty reading due to eyelid drooping; looking through eyelashes and/or seeing upper eyelid skin.

6.0 Providers Eligible to Bill for the Procedure

Physicians enrolled in the N.C. Medicaid program who perform this surgery may bill for this service.

7.0 Additional Requirements

There are no additional requirements.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

8.1 Claim Type

Providers bill professional physician services on the CMS-1500 (HCFA-1500) claim form.

8.2 Diagnosis Codes that Support Medical Necessity

ICD-9-CM diagnosis codes that may support medical necessity:

- 370.34
- 374.30
- 374.31
- 374.32
- 374.33
- 374.34
- 374.87
- 743.61

8.3 Procedure Codes

CPT codes that are covered by the Medicaid program include:

- 15820
- 15821
- 15822
- 15823
- 67901
- 67902
- 67903
- 67904
- 67906
- 67908
- 67909
- 67911

The CPT procedure codes listed above are subject to the multiple surgery guidelines.

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: January 1, 1986

Revision Information:

Date	Section Updated	Change
12/01/03	Section 3.0	This section was reformatted; there was no change to the content.
12/01/03	Section 4.0	The sentence "Blepharoplasty/belpharoptosis eylid repair is not covered when the medical criteria listed in Section 3.0 are not met." was added to this section.
12/01/03	Section 5.0	The section was renamed from Policy Guidelines to Requirements for and Limitations on Coverage.
12/01/03	Section 6.0	A sentence was added to the section stating that providers must comply with Medicaid guidelines and obtain referrals where appropriate for Managed Care enrollees.
12/01/03	Section 8.3	The statement in Section 8.4 regarding CPT codes that are subject to multiple surgery guidelines was incorporated into Section 8.3.
12/01/03	Section 8.5	Section 8.5 was renumbered to Section 8.4.

Revision Information, continued

Date	Section Updated	Change
9/1/05	Section 2.0	A special provision related to EPSDT was added.
9/1/05	Section 8.0	The sentence stating that providers must comply with Medicaid guidelines and obtain referral where appropriate for Managed Care enrollees was moved from Section 6.0 to Section 8.0.
12/1/05	Section 2.2	The web address for DMA's EDPST policy instructions was added to this section.